


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Mar 03, 2003 8:00 am  
Secretary of State

03-03-2003 90862 034 \*\*\*\*70.00

**DOCUMENT # N07041**

1. Entity Name  
**BONITA BAY COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>3451 BONITA BAY BLVE SUITE 202 BONITA SPRINGS FL 34134-4395 US</b>	Mailing Address <b>3451 BONITA BAY BLVD SUITE 202 BONITA SPRINGS FL 34134 US</b>
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**70024217**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business <b>9990 Coconut Rd.</b>	3. Mailing Address <b>9990 Coconut Rd.</b>
Suite, Apt. #, etc. <b>200</b>	Suite, Apt. #, etc. <b>200</b>

City & State <b>Bonita Springs FL</b>	City & State <b>Bonita Springs FL</b>
Zip <b>34135</b>	Zip <b>34135</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-2497446</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GILKEY, DENNIS E  
BONITA BAY COMMUNITY ASSOCIATION INC  
3451 BONITA BAY BV STE 202  
BONITA SPRINGS FL 33923**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
**9990 Coconut Road**

**Suite 200**

City **Bonita Springs** FL Zip Code **34135**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP RODGERS, ED 3451 BONITA BAY, SW #202 BONITA SPRINGS FL 34134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD SCHESTAG, HARVEY R 3451 BONITA BAY BLVD STE 202 BONITA SPRINGS FL 34134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP GILKEY, DENNIS E 3451 BONITA BAY, SW #202 BONITA SPRINGS FL 34134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9990 Coconut Rd, Ste 200 Bonita Springs FL 34135</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9990 Coconut Rd, Ste 200 Bonita Springs FL 34135</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9990 Coconut Rd, Ste 200 Bonita Springs FL 34135</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JAMES P. ...** **SIGNATURE REQUIRED**

**1/31/03 239-495-1000**

CR2E037 (10/02)